

The Nurse Theorists: 21st-Century Updates—Rosemarie Rizzo Parse

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Rosemarie Rizzo Parse (1981) set out to create a theory grounded in the human sciences that would enhance nursing knowledge. She explained,

The idea to create such a theory began many years ago when I began to wonder and wander and ask why not? The theory itself . . . surfaced in me in Janusian fashion over the years in interrelationship with others primarily through my lived experience with nursing. The creation of it has been long and arduous, but with many moments of joy. (p. xiii)

Later, Parse (1997a) elaborated on the evolution of her theory. She stated,

The was, is, and will be of the human becoming theory is a journey in the art of sciencing, a process of coming to know the world of human experience. The form and structure of the theory as written does not fully reflect the intuitive-rational process that birthed its creation. That process germinated multidimensionally throughout [my] life of being present to and conceptualizing the significance of the discipline's mission to humankind. The puzzle that surfaced a concern for the mission was related to early gnawing musings about whose desires were being served by the medical model practice of nursing and the keen and growing awareness in [me] that humans were mysteries emerging in living personal value priorities, not machines to be fixed. Once aware of such notions, there was a concentrated focus on moving with other possibilities for nursing. The theory was cast in written form, though not in stone, and thus it has been evolving ever since. (p. 32)

The initial result of Parse's intellectual effort was the theory of man-living-health, which was first published in her 1981 book, *Man-Living-Health: A Theory of Nursing*. Research and practice methodologies congruent with the theory were introduced in a chapter of Parse's 1987 edited book, *Nursing Science: Major Paradigms, Theories, and Critiques*. The theory was renamed the theory of human becoming in 1990 because, although the term *man* formerly referred to

"mankind," that term currently connotes the male gender (Parse, 1992). Refinements in the theory, focused primarily on wording, were published in Parse's 1992 journal article, "Human Becoming: Parse's Theory of Nursing." Refinements in wording continued, additional research methodologies were developed, and the research and practice methodologies were added to the second edition of Parse's 1981 book, newly titled *The Human Becoming School of Thought: A Perspective for Nurses and Other Health Professionals* (Parse, 1998). The 1998 book "is offered in the ongoing quest of defining unique nursing knowledge for the betterment of humankind" (Parse, 1998, p. xi).

Parse (1998) explained that her work has evolved from a theory of nursing to a school of thought, which she defined as "a theoretical point of view held by a community of scholars" (Parse, 1997b, p. 74). The school of thought encompasses the theory of human becoming along with the research and practice methodologies. Parse's theory of human becoming and the human becoming school of thought focus on the human-universe-health process. The central thesis of the theory of human becoming is that "humans in mutual process with the universe structure meaning multidimensionally, coauthor health, freely choose ways of becoming, and move beyond each moment with hopes and dreams" (Parse, 1998, pp. x-xi). The principles are the theory of human becoming and are as follows:

Principle 1: Structuring meaning multidimensionally is cocreating reality through the languaging of valuing and imaging.

Principle 2: Cocreating rhythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating.

Principle 3: Cotranscending with the possibles is powering unique ways of originating in the process of transforming.

I first interviewed Rosemarie Parse in April 1990 in Pittsburgh, Pennsylvania. That interview is part of *The Nurse Theorists: Portraits of Excellence* series of videotapes and com-

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pact disks (Parse, 1990). This column presents the edited transcript of a telephone interview I conducted with Rosemarie Rizzo Parse on March 9, 2000.

On the Discipline and the Profession of Nursing

JF: What do you think about the current state of the discipline of nursing?

RRP: I see the discipline of nursing differently from the profession of nursing. I regard the discipline as the nursing knowledge base, and I think that that is in flux. The goal of the discipline is to expand knowledge about human experiences through research and creative conceptualization; I think that is being done in several ways. First, there are those who are utilizing nursing theory as the guide for creative conceptualization and research. Those activities expand what I regard as nursing knowledge within the discipline. Second, there are those who are conducting research utilizing theories from other disciplines. The findings from that kind of research enhance those disciplines, but not the discipline of nursing. I do think that all knowledge can be utilized by nurses. Although there isn't any restriction on what knowledge nurses use, nurses must utilize the frameworks and theories within the discipline of nursing if we want to expand unique nursing knowledge.

I would like to add here that when I mention the term *theory*, I am not referring to so-called middle-range theory. In an editorial, I state that I regard such formulations as "hypothetical statements that can be tested by quantitative research through the operationalization of terms and through testing interventions with congruent instrumentation" [Parse, 2000, p. 91]. So-called middle-range theories do not have meaning when taken out of the context of the totality paradigm. They are the hypotheses in quantitative research studies. The middle-range theory bandwagon is confusing to budding scholars and seductive to seasoned scholars who may wish to make more out of less. More specifically, middle-range theories are not congruent with the simultaneity paradigm. In that paradigm, research is not designed to test hypotheses. Rather, the products of research are simply the findings of the research. For example, the products of theory of human becoming-guided research simply are the findings of the research, the emergent meanings and the structure of the universal lived experience that was studied.

Returning to the discipline and the profession of nursing, I would like to point out that I think that the profession of nursing is different from the discipline. Moreover, I do not see nursing as a professional discipline. Rather, the profession consists of persons educated in the discipline according to nationally defined, regulated, and monitored standards. People join the profession and practice the performing art. The discipline is the knowledge base; the profession consists of those who practice the performing art.

JF: Do you mean that you do not agree with Donaldson and Crowley's [1978] distinction between academic and professional disciplines?

RRP: You are correct—I do not agree with that distinction. I regard nursing as a basic science. As a basic science, nursing is like psychology, for example. And, like the practice of psychology, the practice of nursing is a performing art. Furthermore, within the basic science of nursing, we have basic research and applied research.

On Basic Science and Research and Applied Science and Research

JF: How do you define or differentiate between basic science and applied science, and between basic research and applied research?

RRP: The basic science is advanced through basic research. Both basic science and basic research in nursing are embedded in the nursing frameworks and theories. Within basic science, one does basic research. For example, basic research within the context of the theory of human becoming is conducted by means of the Parse method of basic research and the human becoming hermeneutic method of basic research [Parse, 1998]. Both of these methods are basic science research methods since they enhance understanding of lived experiences.

Within basic science, one also can do applied research, which focuses on what happens when a theory is used to guide practice. For example, the qualitative descriptive preproject-process-postproject method of applied research is used to determine what happens when the theory of human becoming is implemented in practice situations [Parse, 1998]. Thus, applied research does not enhance the knowledge base *per se*; rather, it tells us how the theory works in practice.

The inclusion of applied research within the basic science of nursing does not mean that nursing is an applied science. If you considered nursing an applied science, that would mean that you could take a little psychology, a little sociology, a little philosophy, a little of other disciplines, and put them all together to make up the knowledge base of nursing. In other words, if nursing were considered an applied science, it would mean that nursing does not have its own unique knowledge. Rather, the knowledge is pulled from other sciences. I strongly believe that nursing does have its own unique knowledge base, which is embedded in the nursing theories and frameworks.

On Clinical Research

JF: Donaldson and Crowley [1978] maintain that nursing, as a professional discipline, has a societal mandate to conduct clinical research. They regard clinical research as the testing of nursing interventions. Where does clinical

research fit into your schema of basic research and applied research?

RRP: I do not refer to research that tests nursing interventions as clinical research. That is because the dictionary definition of clinical has to do with bedside care.

JF: Yes. Indeed, clinical is defined as “pertaining to or used in a sickroom” [Stein, 1966, p. 277].

RRP: I would like to see us move away from the use of the term *clinical* in any form because now nurses are living out their nursing practice in many community settings with groups of people who are essentially well along with persons who are designated as not well by the medical model. The use of the term *clinical research* implies something in a hospital setting, but much research is being conducted in other settings. For example, if the focus of nursing is the human-universe-health process, study of that phenomenon of concern takes place with all human beings, not just with people in bed in the hospital.

JF: Rosemarie, as you must know, your attention to language is in keeping with Levine’s [1995] concerns with the language used by nurses, and your reference to the dictionary to define terms is in keeping with both Levine’s [1966] and Rogers’ [1992] approaches.

RRP: Yes, I do focus attention on language to facilitate understanding and clarify meanings. The term simply should be nursing research, not clinical nursing research. Furthermore, nursing research should have a particular focus specified from the nursing frameworks and theories. I think that is very important to advance the discipline. Indeed, in all of my writings and work, I talk about frameworks and theories of nursing that make up the discipline, and I foster their use to fortify nursing’s uniqueness.

On the Theory of Human Becoming

JF: How has the theory of human becoming contributed to the current state of the discipline of nursing?

RRP: I think the theory has further enhanced the simultaneity paradigm perspective that was set forth in the early 1970s by Rogers with her science of unitary human beings [Rogers, 1970, 1992]. In addition, I think that the theory has offered the discipline of nursing a broader perspective, a different way of viewing the human-universe-health process. Whether you agree with the details of the human becoming school of thought or not, it still has offered an opportunity for scholarly dialogue, and it has pushed the envelope forward in light of thinking about mutual process, unitary human beings, the notions of freedom in situation, and what I call multidimensionality, which is a belief that we live at many realms of the universe all-at-once. Thus, I believe that the theory of human becoming, as well as the human becoming school of thought, have contributed a great deal to the expansion of nursing knowledge through a unique view of the hu-

man as a being structuring meaning, cocreating rhythms, and cotranscending with possibles [Parse, 1998].

My thoughts about the contribution of the theory of human becoming are in keeping with my view of the advancement of the discipline of nursing. Many Parse scholars and I have worked to expand the discipline through both creative conceptualization and basic research as well as through applied research. Through basic research, we have expanded the knowledge base on lived experiences. Through applied research, we have studied what happens when the theory of human becoming guides practice. The human becoming theory as lived in practice has touched the lives of many who have come in contact with Parse scholars in a variety of healthcare settings. [See Fawcett, 2000, for specific citations. For information about Parse scholars, contact the International Consortium of Parse Scholars, P.O. Box 94058, 3332 Yonge Street, Toronto, Ontario, Canada M4N 3R1.]

On the Theory of Human Becoming Research Methods

JF: Please tell us more about the research methods associated with the theory of human becoming.

RRP: There are three unique human becoming research methods—two are basic research and one is an applied research method. In the basic research method, the Parse method of basic research, the processes are dialogical engagement, extraction-synthesis, and heuristic interpretation [Parse, 1998]. Although that method is phenomenological and hermeneutic in nature, and although it is similar to other phenomenological, hermeneutic methods, it is different in the way we live out the processes. With dialogical engagement, there is true presence, not interview; the process is not a retrospective description. Rather, the researcher is in true presence with the participant as the participant describes an experience. The extraction-synthesis process also is somewhat different, in moving from essences in the participant’s language to essences in the researcher’s language, to propositions and structures. The heuristic interpretation process links the findings directly to the theoretical perspective, expanding the knowledge base. That is what I believe research ought to do—expand the knowledge base related to the conceptualization and also the extant literature. In this case, the conceptualization is the theory of human becoming.

The other basic research method is the human becoming hermeneutic method of basic research, which was developed by Cody in 1995 and elaborated by me [Parse, 1998]. We are developing that method further now. The method focuses on discovering emergent meanings about lived experiences arising with discoursing and interpreting of texts and artforms, such as paintings, drawings, or books. The processes are discoursing

with penetrating engaging, interpreting with quiescent beholding, understanding with inspiring envisaging. Thus, we can learn emergent meanings of lived experiences from text and artworks.

The applied research method is called the qualitative descriptive preproject-process-postproject method of applied research. It has been utilized a number of times to evaluate what happens with healthcare when the human becoming school of thought guides practice. This method involves gathering preproject information by an evaluator, then conducting teaching-learning sessions, followed by more information gathering at the midway point in the project by an evaluator. Next, continued teaching-learning sessions are offered, followed by postproject information gathering by the evaluator and analysis-synthesis of themes from each information source. The specific sources depend on the setting. Obviously, sources include persons who are experiencing the true presence of the nurse guided by the theory of human becoming and the nurses themselves, as well as any supervisory persons in any structure, such as hospitals or community agencies or nursing centers involved in the project. The method continues with a synthesis of themes from all information sources and a thematic conceptualization of just what happens when human becoming is the guide to practice in that setting. We have done a number of studies that have demonstrated that the theory of human becoming does shift the rhythms and changes the satisfaction of the persons experiencing the presence of a Parse nurse. In addition, nurses who have experienced being guided by the theory are more satisfied with practice [Bournes, 2000; Cody, 1997; Jonas, 1995; Jonas-Simpson, 1997; Legault & Ferguson-Paré, 1999; Mitchell, 1995, 1997; Mitchell, Bernardo, & Bournes, 1997; Northrup & Cody, 1998; Santopinto & Smith, 1995; Williamson, 2000].

We intend to conduct more applied research studies and to continue to conduct the basic research studies with the Parse method and with the hermeneutic human becoming method.

JF: I have noticed an increase in the use of the Parse method of basic research in published research reports. If an investigator did not use one of the human becoming research methods but did, for example, use another phenomenological method, would the study be considered within the context of the human becoming school of thought? How would the *Nursing Science Quarterly* peer reviewers regard such a study?

RRP: Yes, if the borrowed phenomenological method and the conceptualization of human becoming were used appropriately and the manuscript was well-written, reviewers would be positive about publication. I think that the report of a study that used, for example, the Giorgi method [Giorgi, Knowles, & Smith, 1979], with the human becoming school of thought as a theoretical guide,

could be published, if the method and the conceptualization were used appropriately, that is, if the researcher adhered to standards of good science.

It is important to point out that, although Giorgi's [Giorgi et al., 1979] and van Kaam's [1969] methods fit very well and are very compatible with the human becoming school of thought, not all methods can be used with the theoretical underpinnings of the human becoming school of thought.

JF: Please explain what you regard as a universal lived experience, that is, what you regard as a legitimate phenomenon for study within the context of the theory of human becoming.

RRP: Universal lived experiences are those that all persons from any situation can describe. For example, if a researcher wants to study waiting for a heart transplant, within the context of the theory of human becoming, the researcher would study waiting, because we all have experiences involving waiting, but all persons are not waiting for heart transplants. The researcher could, though, have study participants who are waiting for a heart transplant. The focus is on the phenomenon, not on the particular study participants.

On Advancing the Discipline of Nursing

JF: If you had a crystal ball, what predictions would you make about the contributions that the theory of human becoming will make to the continued advancement of the discipline of nursing?

RRP: The human becoming school of thought will continue to be used not only by nurses but also by people in other disciplines. For example, in one very large health care system in Canada, the overall mission for the past 7 or 8 years has been related to human becoming. Thus, everyone in the entire hospital complex—the psychologists, the physicians, everyone—follows standards of practice consistent with the human becoming school of thought. The belief system is that persons know the way and make choices about how they want to live out each day. We have had stories in *Nursing Science Quarterly* about how this may not be so easy [Bournes, 2000; Cody, 1997; Williamson, 2000].

Does that mean that everyone is using the theory of human becoming? Does that mean that all the nurses and doctors are talking about structuring meaning? No, but they are using the overall frame of reference—the human becoming school of thought—as a guide for practice in that entire setting.

JF: That is a remarkable achievement.

RRP: Yes, it is. It happens through Parse scholars who know the theory and value it. Dr. Gail Mitchell, the Chief Nursing Officer, guides the nurses and also has worked with the CEO to give that healthcare system a unique perspective, which is based on the human becoming

school of thought [see Mitchell, Closson, Coulis, Flint, & Gray, 2000].

In addition, in South Dakota, Dr. Sandra Bunkers, Chairperson of Augustana College Department of Nursing, has created a health action model in the community for a variety of situations and has developed a parish nursing program. The master's program at Augustana College in Sioux Falls, South Dakota, offers students unique opportunities to develop and implement models of care based on human becoming. There, the human becoming school of thought is lived with a great variety of people in the community [Bunkers, 1998, 1999a, 1999b]. The South Dakota State Board of Nursing also adopted the human becoming school of thought as a regulatory decisioning model [Benedict et al., 2000; Damgaard & Bunkers, 1998].

Moreover, the master's program at Olivet Nazarene University in Kankakee, Illinois, is based on the human becoming school of thought [Parse, 1998]. The human becoming curriculum has been adopted by a commercial educational marketing company, which will advertise the human becoming school of thought as a model for teaching in other master's programs in nursing.

In summary, my crystal ball sees us moving rapidly. The many doctoral students in nursing at Loyola University Chicago [where Dr. Parse is on faculty] and elsewhere graduate and move into leadership positions, they will carry their theory of human becoming—guided research programs with them. Moreover, the International Consortium of Parse Scholars is continuing to grow. We are going to be producing more videotapes and other instructional materials to show people how to live the human becoming school of thought and the theory of human becoming. In addition, we are working to make the research methods clearer, and we are doing interesting things in practice, in a variety of settings.

In the meantime, I am gathering the findings of all of the theory of human becoming—guided basic research studies—both published and unpublished—to see what we can say about the principles of the theory and about the school of thought. Approximately 125 research studies have been conducted using human becoming as a guide, and there are many more in progress.

Another thing I see in my crystal ball is a further distinction between the totality and simultaneity paradigms [Parse, 1987]. The two paradigms are what distinguish us as a discipline—we have two major perspectives. I do not think that it is appropriate and fruitful to attempt a unified theory of nursing, but it is important to emphasize that both paradigms are nursing approaches.

On Practice

JF: How is the theory of human becoming used to guide nursing practice? What process or processes are used to practice from the perspective of the theory of human becoming?

RRP: The practice methodology—illuminating meaning, synchronizing rhythms, and mobilizing transcendence—happens when the nurse is in true presence with a person or a family or a group [Parse, 1998]. This happens once the nurse assimilates the beliefs that (a) people really know their own way and are free to choose, (b) the nurse does not have to or desire to move the person or family or group from one place to another, and (c) the nurse does not know what is best for the person or family or group.

The practice takes place with one person or with several people, such as a family or a group. Some people say that the theory of human becoming is just for individuals because of the way that existential phenomenology is interpreted. However, when you go deeper into my theoretical perspective, the understanding will arise that the individual is not just an isolated person but is in mutual process with others who have been with that individual. The belief is that humans coexist with predecessors, contemporaries, and successors. Thus, when I am with any one individual, I am already with that person's family and community. Moreover, the family of the individual, however the family is defined and constituted, is already there. One of the ideas that I brought from Rogerian science is that humans are in mutual process with the universe, which includes others. Accordingly, I cannot come to you without my whole family and all of the experiences and projects that I am.

In the nurse-person process, all the nurse has is a moment. Each human lives a seamless symphony from pre-conception to beyond death. The nurse has just a few notes in the whole symphony to be with the other. The nurse cannot know all there is to know about the person, family, or community; the nurse is not the expert about others and what is best for them. Rather, the nurse is the expert at being with others; the person, family, or community is the expert.

JF: Is it accurate to say that you believe that nursing can be practiced in any setting?

RRP: Yes. Nurses live the belief system of the theory of human becoming, wherever they are. The belief system is how the nurse is with people. However, clearly, the nurse is not always in true presence, that is, not always in a nurse-person process. For example, I might give an opinion in a situation with my own family, but when in a nurse-person process, I would ask the person or group what they think and want to do, not offering my opinion on what is best for them, since I do not know what is best for another—the nurse is only there for one “note” of the symphony.

On Nursing Education

JF: Given the knowledge needed to use the theory of human becoming, what is the appropriate entry level for professional nursing, for learning the discipline of nursing?

RRP: I would like to see at least the master's level as the entry level. However, I think that is not going to be possible for a while; I don't know if it will ever be possible. But in order to be with people in a special way related to the human-universe-health process, no matter what theory or framework, our entry level should be the post-baccalaureate level, just as in medicine and law. Students then would come to nursing with a solid undergraduate liberal arts and sciences background, and we could teach them nursing, not medical science. At the master's level, then, for the human becoming theory, the students would learn the meaning of structuring meaning, cocreating rhythms, cotranscending with the possibles—as the content of the courses, rather than diseases and other aspects of the medical model. Even now, however, nursing students at all levels of education should be taught the frameworks and theories of the discipline. The human becoming school of thought could be the focus of nursing curricula where the faculty espouses the beliefs congruent with the assumptions and principles.

JF: Thank you very, very much for participating in this interview.

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